Appendix 7
For Mental Health Crisis Intervention Billing Providers: To Request a Non-Billing Performing Provider Number

If you are a county or tribal government agency that is certified as the billing provider in your county (the agency that provides the matching funds) and you are seeking HFS 34, Subchapter 3 certification to perform crisis intervention services, you must complete the following steps to notify the Medicaid fiscal agent, EDS:

1. Complete this form and send it to the fiscal agent *at the same time* you request an HFS 34, Subchapter 3 certification application from the Division of Supportive Living (DSL).

2. Send a copy of the HFS 34, Subchapter3 certificate to the fiscal agent within 30 days of DSL approval. This will allow the fiscal agent to assign you the earliest possible effective date for a non-billing performing provider number. If the fiscal agent receives the copy of the HFS 34, Subchapter 3 certificate more than 30 days after DSL approval, the effective date of the non-billing performing provider number will be the date the fiscal agent receives the copy of your HFS 34, Subchapter 3 certificate.

3. Include your new non-billing performing provider number on claims for services your agency performs on and after the effective date assigned to your non-billing performing provider number.

If you obtain HFS 34, Subchapter 3 certification for separate locations, use this form to request a separate non-billing performing provider number for *each* location.

Please photocopy this page so you can retain the original in your handbook.

Mental Health Crisis Intervention Billing Provider Name: _____

_____

Address: _____

Street **City** **Zip**

(The physical location of your agency performing these services; this must match the address used on the HFS 34 application.)

IRS Number: _____ **Billing Provider # :** _____

Medicaid Contact Person: _____ **Phone:** _____

(You may want someone listed other than the individual listed on your billing provider file.)

Signature: _____ **Date:** _____

Please send this completed form to the following address:

Provider Maintenance
EDS
6406 Bridge Rd.
Madison, WI 53784-0006